Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5612-review.doc).

Title: Perioperative anemia management in colorectal cancer patients: a pragmatic approach

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Name of Journal: World Journal of Gastroenterology

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers

Reviewer 02445522
Comment: It seems excessive to wait four weeks before you operate on a patient with CRC, only to do any therapy to reduce transfusions.

We have delete "four weeks". The new sentence now reads: Therefore, we developed a pragmatic, easy-to-follow protocol for diagnosis and treatment of preoperative CRC associated anemia,…….

The figure depicting the algorithm for iron treatment has also been modified accordingly.

Reviewer 00503612
Comments:
1. There are multiple grammatical errors throughout the text (misspellings, lack of punctuation, errant spaces) that need to be taken care of.

We have carefully revised the manuscript for grammar.

2. Your abstract states that anemia is present in the "majority" of CRC patients, and your text quote 75% and the raw data is 25%. Please clarify.

We have clarified this in both the abstract:
"Anemia, usually due to iron deficiency, is highly prevalent among patients with colorectal cancer".
and the text:
"Anemia is one of the most frequent extraintestinal manifestations of colorectal cancer (CRC), and may be present in 30% to 75% of patients, predicated on the level of hemoglobin (Hb) used to define anemia and tumor localization and stage [1-7]. A study on 358 patients with CRC reported a 25% prevalence of moderate to severe anemia (Hb < 10 g/dL)".

3. Certain things are not as readily knowledgeable to the readers (such as hepcidin). As a review article it would be helpful to explain the ones that you recite that play a major role and are clinically important.

We have added 3 paragraphs and one figure to explain theses issues. Please, see revised version of the manuscript.

4. One of the messages that needs to be better delineated is how often (especially in light of how often anemia occurs in CRC) does an extended work-up need to be performed and to what extent. What are the red flags? What is a mandatory minimal work-up? When can nothing be done at all?

We tried to detailed explain this in the diagnosis section. Please, see revised version of the manuscript.

5. The negative effects of ABT are appropriately documented. You also state essentially that ABT should be reserved for anemia and hemodynamic instability. However, this is not necessarily the case. Sepsis can cause HI and this has nothing to do with anemia. You also do not delineate what degree of anemia (in and of itself) would be acceptable. Would a hgb of 15, or 10?

We have also clarified this issue. We changed the text to "Subsequently, ABT should be restricted to those with severe anemia and/or poor physiological reserve", and added "In general, in non-bleeding, euvolemic anemic patients, ABT is recommended to maintain Hb levels between 7 g/dL and 9 g/dL (8 g/dL to 10 g/dL for those with cardiac and/or central nervous system dysfunction) [40, 41]". **Please, see revised version of the manuscript.**

6. I enjoyed the pragmatic approach—well put and useful
Thank you.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

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